

**PALM BEACH COUNTY
BOARD OF COUNTY COMMISSIONERS**

AGENDA ITEM SUMMARY

Meeting Date: June 8, 2010 ☒ (X) Consent ☐ () Regular
 ☐ () Ordinance ☐ () Public Hearing

Department

Submitted By: Community Services

Submitted For: Division of Senior Services

I. EXECUTIVE BRIEF

Motion: Staff recommends motion to approve: Amendment No. 001 to the Contract for Consulting/Professional Services with Joseph L. Morse Geriatric Center-Just Checking Program (R2009-0966), for the period July 1, 2010, through June 30, 2011, for a not-to-exceed amount of \$20,040, to execute the first renewal option and increase the hourly rate for mental health counseling services.


Summary: This amendment exercises the first renewal option for services with Joseph L. Morse Geriatric Center-Just Checking Program. It allows the Division of Senior Services (DOSS) to continue to meet the Area Agency on Aging Palm Beach, Treasure Coast, Inc., (AAA) counseling services requirements of the Community Care for the Elderly (CCE), grant by providing mental health counseling services to clients on an individual basis. This amendment increases the per hour rate to \$75.00. Funding consists of \$18,036 (90%) in State funds and \$2,004 (10%) in County matching funds. The County match funds are included in the current FY 2010 and the requested FY 2011 budgets. In the area south of Hypoluxo Road, Mae Volen, provides services under similar grants from the AAA. (DOSS) Countywide except for portions of District 3, 4, 5 and 7 south of Hypoluxo Road (TKF)

Background and Justification: As a provider for the CCE Program, DOSS is responsible for meeting clients' total needs. Mental health counseling will be available for those clients having difficulty facing health problems, depression or other issues. DOSS social workers will refer clients for Mental Health Counseling and follow up to determine if services have provided the desired outcome. The goal of the CCE program is to provide services and make it possible for frail elder individuals to live independently in their own homes.

Attachments:

Amendment No. 001

Recommended BY:  5/24/10
 Department Director Date

Approved By:  5/24/10
 Assistant County Administrator Date

II. FISCAL ANALYSIS IMPACT

A. Five Year Summary of Fiscal Impact:

Fiscal Years	<u>2010</u>	<u>2011</u>	<u>2012</u>	<u>2013</u>	<u>2014</u>
Capital Expenditures	_____	_____	_____	_____	_____
Operating Costs	<u>5,010</u>	<u>15,030</u>	_____	_____	_____
External Revenue	<u>(4,509)</u>	<u>(13,527)</u>	_____	_____	_____
Program Income (County)	_____	_____	_____	_____	_____
In-Kind Match (County)	_____	_____	_____	_____	_____
NET FISCAL IMPACT	<u>501</u>	<u>1,503</u>	_____	_____	_____
# ADDITIONAL FTE POSITIONS (Cumulative)	<u>0</u>	<u>0</u>	_____	_____	_____

Is Item Included in Current Budget: Yes X No
Budget Account No.: Fund 1006 Dept. 144 Unit. 1443 Obj. 3401
Program Code Various

B. Recommended Sources of Funds/Summary of Fiscal Impact:

Funding sources are State of Florida Dept. of Elder Affairs and Palm Beach County. No additional County funds are required.

Departmental Fiscal Review: Tauna Malhotra
5/24/10

III. REVIEW COMMENTS

A. OFMB Fiscal and/or Contract Administration Comments:

OFMB [Signature] 5/25/10
Contract Administration [Signature] 5/26/10
This item complies with current County policies.

B. Legal Sufficiency:

[Signature] 5/26/10
Assistant County Attorney

C. Other Department Review:

Department Director
This summary is not to be used as a basis for payment.

AMENDMENT 001 TO CONSULTING/PROFESSIONAL SERVICES CONTRACT

THIS AMENDMENT 001 TO CONSULTING/PROFESSIONAL SERVICES CONTRACT dated June 16, 2009 (Document No. R2009-0966), made and entered into at West Palm Beach, Florida, on this day of _____, by and between Palm Beach County, a political subdivision of the State of Florida hereinafter referred to as COUNTY, and **Joseph L. Morse Geriatric Center-Just Checking Program** hereinafter referred to as the CONSULTANT.

WITNESSETH:

WHEREAS, the need exists to execute the first renewal option for the period of July 1, 2010 through June 30, 2011.

WHEREAS, to increase the hourly rate from \$60.00 to \$75.00.

NOW, THEREFORE, the above named parties hereby mutually agree to execute the first renewal option to the CONTRACT entered into on June 16, 2009.

OTHER PROVISIONS

All provisions in the CONTRACT or exhibits to the CONTRACT in conflict with this Amendment to the CONTRACT shall be and are hereby changed to conform to this Amendment. All provisions not in conflict with the Amendment are still in effect and are to be performed at the same level as specified in the CONTRACT.

IN WITNESS THEREOF, the parties hereto have caused this 1 page Amendment to be executed by their officials thereupon duly authorized.

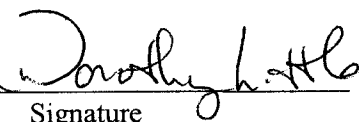
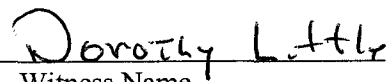
ATTEST:
SHARON R. BOCK, Clerk and Comptroller

By: _____
Deputy Clerk

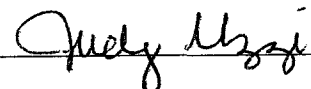
PALM BEACH COUNTY, FLORIDA
BY ITS BOARD OF COUNTY COMMISSIONERS

By: _____
Burt Aaronson, Chairperson

WITNESS:

By: 
Signature

Witness Name

CONSULTANT:
Joseph L. Morse Geriatric Center-Just Checking Program

By: 

Name: **Judy Uzzi**

Title: **Program Clinical Director**

Date: _____

**APPROVED AS TO TERMS
AND CONDITIONS**

BY: 
DEPARTMENT HEAD

AC# 312593

STATE OF FLORIDA
DEPARTMENT OF HEALTH
DIVISION OF MEDICAL QUALITY ASSURANCE

DATE	LICENSE NO.	CONTROL NO.
02/20/2009	SW 4955	31191

The **LICENSED CLINICAL SOCIAL WORKER**
named below has met all requirements of
the laws and rules of the state of Florida.

Expiration Date: **MARCH 31, 2011**

JUDITH UZZI
MORSE LIFE
4920 LORING DRIVE
WEST PALM BEACH, FL 33417
UNITED STATES



Charlie Crist
GOVERNOR



Ana M. Viamonte Ros, M.D., M.P.H.
STATE SURGEON GENERAL

DISPLAY IF REQUIRED BY LAW

1/26/10

Social Worker Professional Liability Policy
*** RENEWAL ***

NOTICE: A LOWER LIMIT OF LIABILITY APPLIES TO JUDGMENTS OR SETTLEMENTS WHEN THERE ARE ALLEGATIONS OF SEXUAL MISCONDUCT (SEE THE SPECIAL PROVISION "SEXUAL MISCONDUCT" IN THE POLICY).

POLICY NO: SWL-008130816
ITEM 1. (a) NAME AND ADDRESS OF INSURED:

JUDITH UZZI
1540 FIRETHORN DR
WEST PALM BEACH, FL 33414

DECLARATIONS

ACCOUNT NO: FL-UZZJ154-0 0327510S
ITEM 1. (b) ADDITIONAL NAMED INSURED:

TYPE OF ORG: INDIVIDUAL

ITEM 2. ADDITIONAL INSURED:

ITEM 3. POLICY PERIOD:

FROM: 03/01/10 TO: 03/01/11
12:01A.M. STANDARD TIME AT THE ADDRESS OF THE INSURED AS STATED HEREIN:

ITEM 4. LIMITS OF LIABILITY:

(a) \$ 1,000,000 EACH WRONGFUL ACT OR SERIES OF CONTINUOUS, REPEATED
OR INTERRELATED WRONGFUL ACTS OR OCCURRENCE
(b) \$ 5,000,000 AGGREGATE
(c) \$ 5,000 DEFENSE REIMBURSEMENT

ITEM 5. PREMIUM SCHEDULE:

CLASSIFICATION	NUMBER	RATE	ANNUAL PREMIUM
PROFESSIONALS	1	225.00	225.00
DEFENSE LIMIT			.00
FLORIDA HURRICANE CAT FUND	1		2.25
TOTAL PREMIUM:			227.25

ITEM 6. RETROACTIVE DATE: 03/01/95

ITEM 7. EXTENDED REPORTING PERIOD

ADDITIONAL PREMIUM(If Exercised): \$ 227.25

ITEM 8. POLICY FORMS AND ENDORSEMENTS ATTACHED TO THIS POLICY:


FORM #65852 7/96 #65853 (7/96) 76105 (5/00)
83191 (10/03) 74825 (02/01) 78711 (02/09)
APA23 (11/96) THIS IS NOT A BILL. PREMIUM HAS BEEN PAID


AUTHORIZED COMPANY REPRESENTATIVE

ACORD™ CERTIFICATE OF LIABILITY INSURANCE		DATE (MM/DD/YYYY) 04/27/10
PRODUCER Kornreich/NIA 1601 Belvedere Road Suite 300, East Tower West Palm Beach, FL 33406		THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.
INSURED Lola & Saul Kramer Senior Services Agency dba MorseLife Home Care 4920 Loring Drive West Palm Beach, FL 33417		
INSURERS AFFORDING COVERAGE		NAIC #
INSURER A: Homeland Insurance Co. of NY		34452
INSURER B: Interstate Fire & Casualty		21970
INSURER C: Mt. Hawley Ins Co		
INSURER D: One Beacon America Ins		
INSURER E: Zenith Ins CO		

COVERAGES

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.						
INSR ADD'L LTR	INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS
A		GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input checked="" type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR <input checked="" type="checkbox"/> SIR: \$50,000 <input checked="" type="checkbox"/> Retro Date: 4/1/00 GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC	LTC035710	04/01/2010	04/01/2011	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$300,000 MED EXP (Any one person) \$5,000 PERSONAL & ADV INJURY \$Included GENERAL AGGREGATE \$3,000,000 PRODUCTS - COMP/OP AGG \$Included 1mil/3mil
D		AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	753020711001	04/01/2010	04/01/2011	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
		GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN EA ACC \$ AUTO ONLY: AGG \$
A		EXCESS / UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input checked="" type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE RETENTION \$	MPX23510	04/01/10	04/01/11	EACH OCCURRENCE \$5,000,000 AGGREGATE \$5,000,000 \$ \$ \$
E		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N If yes, describe under SPECIAL PROVISIONS below	SEE ATTACHED	04/01/10	04/01/11	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$500,000 E.L. DISEASE - EA EMPLOYEE \$500,000 E.L. DISEASE - POLICY LIMIT \$500,000
B		Excess Auto	HFX1000293	04/01/10	04/01/11	\$10,000,000
C		Excess Auto	MXL0368944	04/01/10	04/01/11	\$10,000,000
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS ADDITIONAL NAMED INSUREDS FOR ALL POLICIES UNLESS INDICATED OTHERWISE: MorseLife, Inc.; MorseLife Foundation, Inc.; Friends of MorseLife, Inc.; Joseph L Morse Geriatric Center, Inc.; Lola & Saul Kramer Senior Services Agency, Inc.; The Nearly New Thrift Shop of the Morse Geriatric Center, Inc.; The Tradition of the Palm Beaches (See Attached Descriptions)						

CERTIFICATE HOLDER	CANCELLATION 10 Days for Non-Payment
Evidence of Insurance	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL <u>30</u> DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.
	AUTHORIZED REPRESENTATIVE 

ACORD™ CERTIFICATE OF LIABILITY INSURANCEDATE (MM/DD/YYYY)
04/27/10


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	AUTHORIZED REPRESENTATIVE 

IMPORTANT

If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

DISCLAIMER

The Certificate of Insurance does not constitute a contract between the issuing insurer(s), authorized representative or producer, and the certificate holder, nor does it affirmatively or negatively amend, extend or alter the coverage afforded by the policies listed thereon.